



Docket No.: 0397-0438P  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In re Patent Application of:  
Kazuhiro NAKASHIMA et al.

Application No.: 10/019,949

Confirmation No.: 006273

Filed: January 7, 2002

Art Unit: 1641

For: IMMUNOASSAY AND IMMUNOASSAY  
APPARATUS

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Examiner: G. Gabel

**AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:


In response to the Final Office Action dated June 14, 2005, finally rejecting claims 1-4, 8-10, 13 and 14, please amend the above-identified U.S. patent application as follows:

This Amendment includes amendments to the claims and remarks.



Corres. and Mail  
**BOX AF**

MS AF  
REPLY UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 0397-0438P		
Application No. 10/019,949-Conf. #006273		Filing Date January 7, 2002	Examiner G. Gabel	Art Unit 1641	
Applicant(s): Kazuhiro NAKASHIMA et al.					
Invention: IMMUNOASSAY AND IMMUNOASSAY APPARATUS					
<b>MS AF</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	13	- 20 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Marc S. Weiner Attorney Reg. No.: 32,181				Dated: <u>September 14, 2005</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Rd Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					